

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101631834
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	28		24			
TOTAL CLAIMS	30		30			

	IND		DEP		IND		DEP		IND		DEP	
51												
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TOTAL DEP.												
TOTAL CLAIMS												